tate of California—Health and Welfare Agency lease print or type. <i>(Form designed for use on elite (12-pitol</i>	Salvage Yard			Department of Health Serving Sophisters (e.g. Control Divi
UNIFORM HAZARDOUS 1. General WASTE MANIFEST C. I.A. ID.	ator's US EPA ID No.	A Company	age 1 Inform	apparento, Califo nation in the shaded areas of required by Federa
3. Generator's Name and Malling Address Pouglas Aircraft Co. 190th St & Normandie Ave. Torra 4. Generator's Phone (213) 533-5677		A. Si	tate Manifest Doi 85234 ate Generator's	275 Paa-hq-36-00569
5. Transporter 1 Company Name	6. US EPA ID N		A 1) 0 8 6 ate Transporter's	<u> </u>
7. Transporter 2 Company Name	Transporter 2 Company Name ICIAIDIO SIRIO 1 1 1 1 1 1 1 1 1			00213 269-3137
Designated Facility Name and Site Address	[0 27 Sang		ansporter's Phor	
Casmalia P.O. Box 8, NTU Road Casmalia, CA 93429	10. US EPAID N	G H. Fe	ate Facility's ID A D 0 2 0 icility's Phone 05 937-84	- 400 TS 155
11. US DOT Description (Including Proper Shipping Name, a.		12. Containers No. Type	13. Total	14. I. Unit Waste No.
Hazardous Waste Solide N.O.S. C	NM-E NA9189 :	11010 DIW	0 8 5 0 0	D P 512
C.				
d.				
J. Additional Descriptions for Materials Listed Above Empty containers- crushed forme waste.	rly containing Hazar	K. Har	dling Codes for	Wastes Listed Above
15. Special Handling Instructions and Additional information Use gloves, goggles, respirator	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	mes or inhal	le fumes.	
16. GENERATOR'S CERTIFICATION: I hereby declare that the proper shipping name and are classified, packed, marked according to applicable international and national govern Unless I am a small quantity generator who has beer under Section 3002(b) of RCRA, I also certify that I have determined to be economically practicable and I minimizes the present and future threat to human health	a, and labeled, and are in all respective in the regulations. In exempted by statute or regulations are a program in place to reduce have selected the method of the	on from the duty to	n for transport b	y highway minimization certification
Printed/Typed Name	Signature	万米 1	 	Month Day Yea
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name	Signature	N.		
Adell MADE	Oignature/	State of the state	and the same of th	Month Day Year
18. Transporter 2 Acknowledgement of Receipt of Materials			and the second	<u> </u>
Printed/Typed Name	Signature			Month Day Year
19. Discrepancy Indication Space			The state of the s	

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name

DHS 8022 A (11/85) (EPA 8700—22)

Signature

YELLOW GENERATOR RETAINS

SCANNED

Month Day Year